

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

37461

1. PLACE OF DEATH

County Clinton  
Township Shoal  
City Cameron (No. \_\_\_\_\_)

Registration District No. 204  
Primary Registration District No. 3513

File No. \_\_\_\_\_  
Registered No. 39  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oscar B Lingle.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A Lingle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 92 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Co. Ohio

13. NAME Thomas Lingle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

15. MAIDEN NAME Lucinda Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT W. T. Lingle.  
(ADDRESS) Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Packard Cem. DATE Oct. 18, 1937

19. UNDERTAKER J. W. Poland  
(ADDRESS) Cameron

20. FILED Oct. 18, 1937 St. Clair Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937 to Oct 16, 1937  
I last saw him alive on Oct 15, 1937 Death is said to have occurred on the date stated above, at 4:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
apoplexy  
Other contributory causes of importance:  
Chronic Hypertension  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. T. Lingle, M. D.  
(Address) Cameron, Mo.

